

364106/0350
SBP:JFD

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **George S. Gabriel et al.** Art Unit: **To Be Assigned**

Application No.: **TBA – CIP of 10/274,619** Examiner: **Be Assigned**

Filed: **Herewith**

For: **METHOD AND SYSTEM OF PROVIDING SEALED BAGS OF FLUID
AT THE CLEAN SIDE OF A LABORATORY FACILITY**

Date: **April 13, 2004**

PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicants respectfully request that the above-identified application be made Special and advanced out of turn for Examination.

This Petition is submitted pursuant to 37 C.F.R. § 1.102 and M.P.E.P. § 708.02(IV) ("APPLICANT'S AGE").

Applicants submit herewith, in accordance with the provisions of M.P.E.P. § 708.02(IV), a copy of the birth certificate of inventor George S. Gabriel (Attached as Exhibit 1), thus providing evidence that applicant is 65 years of age or older.

While applicants do not deem that any fee is necessary in connection with this petition, the Commissioner is nevertheless authorized to charge any fee now or hereafter due to Deposit Account No. 19-4709.

Application No.: TBA – (CIP of Appln. No. 10/274,619)

Petition To Make Special

Dated: April 7, 2004

Applicants respectfully submit that this Petition should be granted. Prompt and favorable action is earnestly solicited.

Respectfully submitted,



Steven B. Pokotilow
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Attorney for Applicants
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STATE OF LOUISIANA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Local Reg. File No. 75
(L. S. or, in case of hospitalization, name of hospital)
Registered No. 23688
(To be used by Health Officer)

1. Place of Birth
Parish of Bossier
Ward One

Was Nitrate Silver used in Eyes? Yes
After Yes or No

City of _____
or
Village of _____
Incorporated Town No. _____

Street & No. _____
If birth occurred in a hospital or other institution give its name instead of street and number.

2. Full Name of Baby George Silas Gabriel

If child is not yet named, report birth, and send name later to State Office.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. Number, in order of birth	6. Length in inches? <u>36</u>	7. Date of birth <u>Sept 18 1968</u> (Month, day, year)
8. Father <u>Robert L Gabriel</u>		MOTHER <u>Pertie Karm</u>		
9. Residence Post Office Address City & State <u>Sherlington Pte, Monroe</u>		10. Residence Post Office Address City & State <u>Sherlington Pte Monroe</u>		
11. Color of Face <u>White</u>	12. Age at last birthday <u>4 1/2</u> (Years)	13. Birthplace (city or place) (State or country) <u>Texas</u>	14. Color of Face <u>White</u>	15. Age at last birthday <u>32</u> (Years)
16. Occupation Nature of Industry <u>Mechanic</u>	17. Occupation Nature of Industry <u>Housewife</u>	18. Birthplace (city or place) (State or country) <u>Monroe, La</u>		
19. Number of children of this mother (Taken as of time of birth of child hereinafter certified and including this child.) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.
(Born alive or stillborn)

C. L. Morgan M.D.
(Physician or Midwife)
Sherlington La
W.H. Murphy

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor shows
other evidence of life after birth.

Gross name added from
a supplemental report
(Month, day, year)
Signature _____

Address _____
Filed _____

WRITE PLAINLY WITH UNPAID DATE—THIS IS A PERMANENT RECORD
U.S.—in case of more than one child at a birth, a separate return must be made for each, and their number of birth, in order of birth, stated.

JUL 28 1968

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE
OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF
THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

Louis Prachtman, Jr.
STATE HEALTH OFFICER

William D. Bowles
STATE REGISTRAR